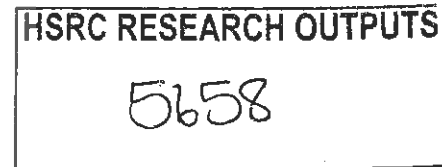


Poster presented at the PHASA, Cape Town, 2-4 June

**DISABILITY GRANT FOR PEOPLE LIVING WITH HIV/AIDS IN THE**

**EASTERN CAPE OF SOUTH AFRICA**

**Prof Nancy Phaswana-Mafuya, PhD**  
Research Director  
Human Sciences Research Council  
Port Elizabeth, South Africa



**Prof Karl F Pelzer, PhD DrHabil**  
Research Director  
Human Sciences Research Council  
Pretoria, South Africa

**Funded by Eastern Cape Socio Economic Consultative Council and**

**Eastern Cape AIDS Council**

**AIMS OF THE STUDY**

- To explore perceptions of Disability Grant by HIV/AIDS stakeholders

**SUMMARY OF METHODS**

- An explorative qualitative study was conducted in the Eastern Cape of South Africa.
- Thirty-eight (38) stakeholders were interviewed telephonically using a semi-structured interview schedule.
- Thematic Content Analysis was done

**RESULTS**

**Knowledge and perceived need for DG**

The majority of the stakeholders (72%) indicated that they have the DG policy. All of them indicated that there was a need for DG for PLWHA. Further, they indicated that the objectives of government to put PLWHA on DG were in descending order to: access nutritious food that boost the immune system (36%), alleviate poverty (24%), provide money for transport to treatment sites (12%), ensure availability of income while on treatment (12%), access medical treatment (8%) and prolong life for PLWHA (4%).

The majority of the stakeholders (72%) felt that the grant was used to buy basic necessities and to meet health care needs. The grant was generally perceived (80%) as directly beneficial to PLWHA as they used the grant to buy basic necessities including food in order to be able to take treatment; to meet health care needs and to be able pay transport to treatment sites. They further used the money to take care of their families' needs, i.e. school fees, health, buying clothes and food.

**Table 3: Perceived uses of the DG**

	N (%)
<b>Is the grant used for what it is meant for by PLWHA</b>	
Yes	18 (72)
No	7 (28)
<b>Does the DG benefit PLWHA</b>	25 (100)
Directly	20 (80)
Indirectly	5 (20)

*"It provides some form of income which makes it possible for PLWHA to buy or pay for basic needs" (SASSA)*

*"It benefits them a great deal because people are able to buy food, take treatment and get better" (DOH)*

*"Some PLWHA are breadwinners for the entire family, they pay for transport to collect their treatment and take care of their families" (DOH)*

#### **Perceived impact of DG**

All participants felt that the DG has a positive impact in terms of access to ARVs as PLWHA can be able to travel to ARV points using grant money. In terms of impact on adherence to therapy, the majority of the participants (88%) indicated that the DG has positive impact on treatment adherence and attitudes towards treatment since PLWHA will find it easy to take treatment when they have money to buy food without which treatment adherence becomes difficult. Few (12%) however indicated that some PLWHA may default treatment in order to keep their CD4 count low, and therefore not lose the grant due to poor socioeconomic circumstances. All participants felt that stopping the

*"People regress because they are stressed and cannot take the ARVs on an empty stomach." (DOH)*

*"Certainly if the condition of the PLWHA has not improved it will have devastating impact. If the condition of the PLWHA has improved then the grant would have added value". (SASSA)*

*"The socio – economic situation in our province has led to many people doing all what they could to get money. While the DG is meant for those people who are incapacitated due to AIDS; there are those who deliberately fall pregnant and give birth to HIV infected children, with the hope of accessing the grant, for themselves and for their children. The Dept. of Social Development should continue to propagate Social Values together with Civil Society. The spread of HIV/AIDS, we agree has to do with socio – economic problems, thus it is ethically and morally bad for the young and unemployed girls to make a living out of the DG. The Dept. of Social Development should be encouraged to have robust programmes that address the moral degradation of our people. The NGO's and Traditional Leaders should be involved on carrying out these programs. All such programs should be sustainable to enhance continuity".*

*"Negative impact because the entire household depends on the grant so it causes stress and relapse" (DOH)*

*"People regress because they are stressed and cannot take the ARVs on an empty stomach" (DOH)*

## **Conclusion**

DG was seen as necessary to improve the quality of life for PLWHA. Access to DG was seen as a challenge. The DG was used to meet basic necessities. It was viewed as having positive impact on access to treatment, on treatment adherence, and on attitude to treatment and the impact of stopping it was seen as negative. The DG is seemingly a life-line for most HIV/AIDS affected families.